

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1						
2						
3						
4						
5						
6		1				
7		2				
8	1					
9		1				
10		1				
11		3				
12	1					
13		1				
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16		3				
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28	1					
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TOTAL IND.	4					
TOTAL DEP.	23					
TOTAL CLAIMS	27					

	DID	DEP	DID	DEP	DID	DEP
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TOTAL CLAIMS						